

Request for Future Contact: I grant permission for licensed insurance agent to contact me to discuss my health insurance and/or Medicare coverage options.

Name: _____
(Please Print)

Email: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone: _____ **Best Time to Call:** _____ **AM / PM**

Do you have Medicare? YES NO **Do you want to receive text messages?** YES NO

Signature: _____ **Date:** _____

By providing my signature, I am agreeing to be contacted by a licensed agent at the telephone number provided via live calls and email to confirm my interest. If I've consented to receiving text messages above, I also agree to being contacted via text messages. Standard text and data rates may apply. I understand that I am under no obligation to enroll in a plan and I may revoke my consent to contact at any time. (Authorization is valid for 1 year from the date of signature.)

RTC-412_EmpBrk_C

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